

<b>United States Bankruptcy Court</b> District of	<b>PROOF OF CLAIM</b>
In re (Name of Debtor) SPECIALTY RETAILERS INC.	Case Number 00-35079 Ch.

Note: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" of payment of an administrative expense may be filed pursuant to 11 U.S.C. 503.

Name of Creditor. ENCHANTE ACCESSORIES INC.	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.  <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case.  <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.
Name and Addresses Where Notices Should be Sent EULER American Credit Indemnity AGENT OF ENCHANTE ACCESSORIES INC. 100 E. PRATT STREET, 5TH FLR. BALTIMORE, MD 21202	
Telephone No. 800-866-5551	

United States District Court  
Southern District of Texas  
FILED  
JUL 18 2000  
Michael N. Milby, Clerk

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COURT USE ONLY

Account or other number by which creditor identifies debtor 217346	Check here if this claim: <input type="checkbox"/> replaces a previously filed claim, dated: _____ <input type="checkbox"/> amends
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1. BASIS FOR CLAIM: <input type="checkbox"/> Goods Sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other (Describe briefly)		<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. 1114 (a) <input type="checkbox"/> Wages, salaries, and compensations (Fill out below) Your social security number _____ Unpaid compensations for services performed from _____ to _____ (date) (date)
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2. DATE DEBT WAS INCURRED:	3. IF COURT JUDGMENT, DATE OBTAINED:
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4. CLASSIFICATION OF CLAIM. Under the Bankruptcy Code all claims are classified as one or more of the following: (1) Unsecured nonpriority, (2) Unsecured Priority, (3) Secured. It is possible for part of a claim to be in one category and part in another. CHECK THE APPROPRIATE BOX OR BOXES that best describe your claim and STATE THE AMOUNT OF THE CLAIM.	
<input type="checkbox"/> SECURED CLAIM Attach evidence of perfection of security interest Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other (Describe briefly)  Amount of arrearage and other charges included in secured claim above, if any \$  <input checked="" type="checkbox"/> UNSECURED NONPRIORITY CLAIMS \$ 24,394.50 A claim is unsecured if there is no collateral or lien on property of the debtor securing the claim or to the extent that the value of such property is less than the amount of the claim.	<input type="checkbox"/> UNSECURED PRIORITY CLAIM Specify the priority of the claim. <input type="checkbox"/> Wages Salaries, or commissions (up to \$2000), earned not more than 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier-11 U.S.C. 507(a)(3)  <input type="checkbox"/> Contributions to an employee benefit plan U.S.C. 507(a)(4)  <input type="checkbox"/> Up to \$900 of deposits toward purchase, lease, or rental of property or services for personal, family or household use-11 U.S.C. 507(a)(6)  <input type="checkbox"/> Taxes or penalties of governmental units 11 U.S.C. 507(a)(7)  <input type="checkbox"/> Other 11 U.S.C. 507(a)(2), (a)(5) (Describe briefly)

5. TOTAL AMOUNT OF CLAIM AT TIME CASE FILED:	\$ 24,394.50 (Unsecured)	\$ (Secured)	\$ (Priority)	\$ 24,394.50 (Total)
<input type="checkbox"/> Check this box if claim includes prepetition charges in addition of the principal amount of the claim. Attach itemized statement of all additional charges.				

6. CREDITS AND SETOFFS: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. In filing this claim, claimant has deducted all amounts that claimant owes to debtor.	
7. SUPPORTING DOCUMENTS: Attach copies of support documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, or evidence of security interests. If the documents are not available, explain. If the documents are voluminous, attach a summary.	
8. TIME-STAMPED COPY: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.	
Date 07/12/00	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any). Dave E. Davies Recovery Specialist

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Enice Wood & Rose

Enice Olson  
a Moment

REMIT TO:

Enchanté Accessories, Inc.

4 EAST 34TH STREET  
NEW YORK, N.Y. 10016  
TEL: (212) 689-6008; FAX: (212) 686-3593

ACCOUNT NO.

INVOICE NO.

DATE

OUR ORDER NO.

SP180

339773

05/01/00

170691

CUSTOMER ORDER NO.

STORE NO.

DPT NO.

VENDOR/FACT NO.

10021993

00601

406

3953

SHIP VIA

TERMS

SALESPERSON

ROUTING GUIDE

NET 30

HJG

HGK

F.O.B

OUR N.J. WAREHOUSE

OUR DUNS #

18-605-0696

SPECIALTY RETAILERS, INC.  
P.O. BOX 20768  
HOUSTON TX 77225-0768

SHIPPING

JACKSONVILLE DISTRIBUTION CNTR  
506 BEALLS BLVD.  
JACKSONVILLE TX 75766  
UNITED STA

STYLE NO.

SKU/  
CUST.  
STYLE NO.

COLOR

DESCRIPTION

A UNT

B PCK

C SET

D P

E 5-51/2

6-61/2

7-71/2

8-81/2

9-91/2

10

QUANT-  
ITY

UNIT  
PRICE

AMOUNT

SR-2348

SR-3392

SR-3392

SR-609

SR-609

SR-908

SR-908

LSO MINI COS BG W/MIRROR  
FLL LG TRAVEL ORGANIZER  
LSO LG TRAVEL ORGANIZER  
FLL HANGING ORGANIZER  
LSO HANGING ORGANIZER  
FLL HANGING ORGANIZER  
LSO HANGING ORGANIZER

A

A

A

A

A

A

960

480

960

360

255

960

960

TOTAL PCS

4935

PACKING SLIP #

NO CTNS

WEIGHT

BILL OF LADING

769357

266

3427

6876-NEW D

ALL CLAIMS MUST BE MADE WITHIN 5 DAYS OF  
RECEIPT OF GOODS.  
NO RETURNS ACCEPTED WITHOUT WRITTEN  
AUTHORIZATION

SUBTOTAL

24394.50

FREIGHT

TOTAL

24394.50

ORIGINAL INVOICE

NOT FOR REPRODUCTION